



**INDIANA HOUSING FINANCE AUTHORITY
RECEIPT OF PAYMENT FORM**

Award Recipient: _____ Award Number: _____
Amount of IHFA Check: \$ _____ Draw Number: _____
IHFA Check Number: _____ IHFA Check Date: _____

This form must be signed by all entities (e.g. contractors, recipient, subrecipient, administrator) that are receiving reimbursement from the drawdown referenced above.

1. I hereby certify, under penalty of perjury, that _____
has received reimbursement for payment due (list organization name) \$ _____

Signature

Date

2. I hereby certify, under penalty of perjury, that _____
has received reimbursement for payment due (list organization name) \$ _____

Signature

Date

3. I hereby certify, under penalty of perjury, that _____
has received reimbursement for payment due (list organization name) \$ _____

Signature

Date

4. I hereby certify, under penalty of perjury, that _____
has received reimbursement for payment due (list organization name) \$ _____

Signature

Date

5. I hereby certify, under penalty of perjury, that _____
has received reimbursement for payment due (list organization name) \$ _____

Signature

Date

6. I hereby certify, under penalty of perjury, that _____
has received reimbursement for payment due (list organization name) \$ _____

Signature

Date

Acquisition Amount (must forward the settlement statement to IHFA within 7 days of closing) \$ _____

TOTAL AMOUNT DOCUMENTED (this must balance to the IHFA check amount)

\$ \$0.00